Pallium Canada's LEAP LTC is a 2-day inter-professional course that provides essential palliative and end-of-life skills to physicians, nurses, social workers, personal support workers (PSW), pharmacists, aids and other healthcare staff.

The course goals are to:
- improve skills related to palliative care (PaICare)
- promote interprofessional collaboration
- link LTC homes with local PaICare teams
- catalyze Quality Improvement (QI) initiatives

Courses are organized locally by LTC facilities in collaboration with local palliative care providers. They are facilitated by trained certified LEAP Facilitators (over 540 across the country).

Pallium Canada is a pan-Canadian, non-profit organization. Its mandate is to build primary-level PaICare capacity by educating healthcare professionals on the essentials of providing PaICare (the palliative approach to care). LEAP courses are developed by content experts in the field.

### Results

For the period June 2015 to December 2016:
- A total of 25 courses were delivered, involving a total of 501 participants (see Figure 1). Most courses involved staff from more than one LTC facility.
- Pilot courses undertaken were not included in the analysis.
- The majority of respondents found the course a positive experience and would recommend it to colleagues (see Table 1).
- Self-perceived comfort levels improved significantly pre- vs. post-course for all respondents (see Figure 2).
- Attitudes generally also improved; significantly in 7 out 12 items. (see Figure 3).

### Discussion & Conclusion

The course was a very positive learning experience for the majority of learners.

Participants experienced an increase in confidence/comfort levels in providing various aspects of the palliative approach to care.

Respondents committed to continue their palliative skills. The LEAP courses appear to be an effective vehicle to do so.

#### Instruments

<table>
<thead>
<tr>
<th>Description</th>
<th>Pre-course</th>
<th>Post-course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude Survey</td>
<td>18 items</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Likert</td>
<td>X</td>
</tr>
<tr>
<td>Self-Perceived</td>
<td>16 items</td>
<td>X</td>
</tr>
<tr>
<td>Comfort</td>
<td>Likert</td>
<td>X</td>
</tr>
<tr>
<td>Knowledge Quiz</td>
<td>20 items</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Likert</td>
<td>X</td>
</tr>
<tr>
<td>Course Evaluation</td>
<td>46 items</td>
<td>X</td>
</tr>
<tr>
<td>PSW Breakout</td>
<td>23 items</td>
<td>X</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Only for PSWs</td>
<td></td>
</tr>
<tr>
<td>Commitment Change</td>
<td>Identify 2-3 things you would like to change in your practice</td>
<td>X</td>
</tr>
</tbody>
</table>

For the course, we analyze the following:

- **MDs**
- **RNs/NPs/RPNs**
- **Social Workers**
- **PSWs + Aides/Attendants**
- **Others**

### Table 1: Course Evaluation

<table>
<thead>
<tr>
<th>Description</th>
<th>MDs</th>
<th>RNs/NPs/RPNs</th>
<th>Social Workers</th>
<th>PSWs + Aides/Attendants</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant to my practice</td>
<td>4.6</td>
<td>4.8</td>
<td>4.5</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Met my learning needs</td>
<td>4.2</td>
<td>4.7</td>
<td>4.5</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Overall, a good learning experience Would recommend to colleagues</td>
<td>4.3</td>
<td>4.8</td>
<td>4.6</td>
<td>4.8</td>
<td>4.9</td>
</tr>
</tbody>
</table>

### Examples of Top Commitment to Change reported

- **BC – Before Course**
  - analyzed as continuous data on a scale from 1 to 7 with 1= Very uncomfortable and 7= Very comfortable
  - not mandatory for PSWs and others. Therefore, low response rate
  - yellow graphs mean statistically significant

- **AC – After Course**
  - analyzed as continuous data on a scale from 1 to 7 with 1= Strongly agree and 7= Strongly disagree
  - not mandatory for PSWs and others. Therefore, low response rate
  - yellow graphs mean statistically significant

### Figure 1: LEAP LTC Learners by Profession

- 39 Physicians (MDs)
- 252 Nurses (RNs/NPs/RPNs)
- 34 Personal Support Workers (PSWs)
- 20 Social Workers
- 17 Allied Health
- 75 Others
- 6 Pharmacists
- 51 Aides/Attendants
- 7 Spiritual Care

### Figure 2: Self-perceived comfort levels pre- vs. post-course

#### Course Average

- **Introducing the topic of palliative care to residents and their family members**
- **Initiating conversations around advance care planning with residents and their family members**
- **Discussing the needs of residents and their families for a palliative approach to care from admission to end-of-life**
- **Preventing and managing constipation in residents**
- **Managing nausea in residents**
- **Identifying residents who may benefit from artificial hydration**
- **Responding to requests to provide residents with advanced primary care (high) with artificial nutrition via tube feeding**
- **Managing depression in residents**
- **Managing delirium in residents**
- **Identifying and assessing pain in residents**
- **Developing an appropriate initial pain management plan (based on the WHO Principles and ladder, best evidence and best practices)**
- **Maintaining and appropriately titrating an analgesic and opioid regimen**
- **Managing shortness-of-breath in a resident at the end of life**
- **Providing comfort care and managing end-of-life symptoms**
- **Supporting residents and their families during the last days and hours**
- **Supporting a bereaved family member**

### Figure 3: Attitude levels pre- vs. post-course

- **Dying residents make me feel uneasy**
- **I feel helpless when I care for dying residents**
- **I feel uncomfortable when residents discuss death**
- **Caring for dying residents is emotionally draining for me**
- **Hope is not a realistic possibility for dying residents**
- **Caring for dying residents is not a worthwhile experience for me**
- **Caring for dying residents traumas me**
- **A palliative approach to care should be implemented beginning at a resident’s admission and extending to death and bereavement**
- **A resident with an incurable illness should receive palliative care when there is nothing more that can be done for him/her**
- **We should talk about death with dying residents**
- **Suffering is inevitable in the last week or two of life**
- **Palliative care requires active care**
- **Patients with end-stage heart and lung disease benefit from palliative care**
- **All long-term care workers who care for residents with progressive incurable diseases should at least be able to provide good basic palliative care**
- **When they are used according to guidelines, opioids do not reduce life expectancy**
- **Withholding tube feeding in a resident with advanced cancer who is in the very terminal phase of life and who is no longer able to drink constitutes good care**
- **Withholding hydration with a drip in a resident with advanced cancer who is in the very terminal phase of life and who is no longer able to drink constitutes good care**
- **Long-term care workers should be able to identify chronic residents who may require additional religious or spiritual support**

To register or organize a course:

- Visit [www.pallium.ca](http://www.pallium.ca) or contact us at support@pallium.ca

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**Photographs of palliative care nurses, physicians, pharmacists, and attendees.**

**LEAP LTC Learning Essentials to Palliative Care**

- Pallium Canada
- College of Family Physicians of Canada
- Dept. of Family Medicine, McMaster University
- Faculty of Medicine, University of Ottawa
- Schulich School of Medicine and Dentistry, Western University
- Colchester East Hants Palliative Care Service
- Dept. of Family Medicine, Dalhousie University
- Canadian Society of Palliative Care Physicians
- Centre for Education and Research on Aging and Health (CERAH), Lakehead University
- Dept. of Family and Community Medicine, University of Toronto
- Freeman Centre for the Advancement of Palliative Care, North York General Hospital
- Perley Rideau Veterans’ Health Center
- Dementia Program, Glebe Centre
- St. Joseph’s Care Group
- The North West Local Health Integration Network Regional Palliative Care Program

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**Course Evaluation**

- University, (See Figure 3).
- Experience and would recommend it to colleagues (see Table 1).
- Most courses involved staff from more than one LTC facility.
- Pilot courses undertaken were not included in the analysis.
- The majority of respondents found the course a positive experience and would recommend it to colleagues (see Table 1).
- Self-perceived comfort levels improved significantly pre- vs. post-course for all respondents (see Figure 2).
- Attitudes generally also improved; significantly in 7 out 12 items. (see Figure 3).

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**Course Information**

- 15,16
- 25 courses
- 501 learners
- Courses are developed by content experts in the field.
- Courses are organized locally by LTC facilities in collaboration with local palliative care providers. They are facilitated by trained certified LEAP Facilitators (over 540 across the country).
- Pallium Canada is a pan-Canadian, non-profit organization. Its mandate is to build primary-level PaICare capacity by educating healthcare professionals on the essentials of providing PaICare (the palliative approach to care). LEAP courses are developed by content experts in the field.

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**Course Average**

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